



City of Santa Clara San Tomas & Monroe Community Garden **APPLICATION CHECKLIST**

Updated June 19, 2018

Thank you for your interest in becoming a Community Garden Member. Please be sure to carefully read the San Tomas & Monroe Community Garden Guiding Principles before submitting your application.

Your application may be submitted Monday through Friday, from 9:00 a.m. to 5:00 p.m. at three locations:

Santa Clara Teen Center
2446 Cabrillo Avenue
Santa Clara CA, 95051

Community Recreation Center
969 Kiely Boulevard
Santa Clara CA, 95051

Santa Clara Senior Center
1303 Fremont Street
Santa Clara CA, 95050

You can find the Guiding Principles, Garden Application, and more information online at:
www.SantaClaraCA.gov/CommunityGarden

Primary Garden Member applicants will have to complete the following:

Bring with you the following to one of our three locations above:

- ☐ Current utility bill (e.g. electricity, water, or trash) or DMV Registration
- ☐ Government Issued Photo identification (i.e. California Driver License, Identification card or Passport)
- ☐ CalFresh Benefit letter – includes SNAP or WICC (if applicable)
- ☐ SCUSD Free/Reduced Lunch benefit Letter (if applicable)
- ☐ Signed Community Garden Membership Application 2018

The Garden Coordinator will send you a confirmation receipt to the email you provided on the application, review your application and, if approved, will set-up an orientation with you.

All applicants must attend a Garden Orientation. At the orientation, you will:

- ☐ Sign the Release of Liability and Agreement
- ☐ Meet the Community Garden Coordinator
- ☐ Tour the Community Garden operations & receive a Key
- ☐ Review the design of the Community Garden
- ☐ Pay the participation fee and deposit
 - Make checks Payable to “City of Santa Clara”
 - Cash payments must be made in person at the three locations above
 - Credit Card Payments can be made online.

For questions, please contact the Garden Coordinator at 408.615.3740 or DBryant@SantaClaraCA.gov



City of Santa Clara

DRAFT Community Garden Member Application 2018

Bed No.

The City of Santa Clara operates the Community Garden ("Garden") located at the corner of San Tomas Expressway & Monroe Street. The Garden supports healthy living and recreational benefits for Santa Clara residents. Please refer to the Application checklist and to help you complete the application process. Please refer to the policies outlined in the San Tomas & Monroe Community Garden Guiding Principles to understand the rules and expectations of members. Please complete ALL sections of the application and sign it to indicate your agreement with the rules and expectations. Incomplete applications will not be considered, and will be returned to the applicant. The application period opens June 15, 2018. If the application is approved, applicant must remit the Garden Bed Deposit and annual use fee by the designated date. Fees listed below cover one annual period of March 1 – February 28. Fees will be prorated for applicants approved after March 1, 2018 for the remainder of the membership year. Fees are non-refundable and non-transferable. Garden beds may not be subleased in whole or in part. Applicants must be at least 18 years of age and provide government issued photo identification.

Annual Deposit & Use Fees

2018-19	Individual 64 sq. ft. Raised Bed	ADA/Senior Citizen 64 sq. ft. Raised Bed	Group plot 96 - 188 sq. ft. Raised Bed
Deposit (refundable)	\$50.00	\$50.00	\$100.00
Fee (March 1 – Feb. 28)	\$75.00	\$50.00	\$170.00

APPLICANT INFORMATION

1. PRIMARY GARDEN MEMBER NAME (First and Last) AND GROUP NAME (if applicable)

ADDRESS	CITY & ZIP
HOME PHONE	CELL PHONE
DATE OF BIRTH	EMAIL

- ☐ I would like to receive text updates (e.g. garden closed, reminders, etc.) from the City of Santa Clara. Cellular provider: _____
- ☐ I would like to receive City of Santa Clara email updates with information about events and programs.

2. SECONDARY GARDEN MEMBER NAME (First and Last) SECONDARY GARDEN MEMBER PHONE NUMBER

☐ Check here if the Secondary Garden Member is a Santa Clara Resident. Relationship to Primary Garden Member:

EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE NUMBER
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3. GARDEN BED REQUESTED (Each applicant may request and will be assigned, space permitting a maximum of 1 bed.)
 _____ Individual Bed (16') _____ Group Bed (35') _____ ADA Bed (20')

**ADA beds are for individuals with disabilities only. By signing below, applicant represents that he/she requires accessible facilities.*

4. CHECK ALL THAT APPLY: I live within ½ mile of San Tomas & Monroe ____; I am CalFresh (SNAP, WIC) Eligible ____;
 I am Over 55 years old ____; I have a Child enrolled in (SCUSD) ____; I have a Bee allergy ____.

5. Would you like to be included in the Community Garden Directory? NO _____ YES _____ If yes, please initial spaces to indicate information to include: Name ____; Cell Phone ____; Email ____

I hereby certify that the information I have provided in the application is true and correct. I hereby certify that I have received, read and understand the Community Garden Guiding Principles, and shall abide by them as they may be amended from time to time, and conform to all rules and expectations of Garden Members as listed by the City of Santa Clara. I further understand, that if approved, I will be required to sign an agreement that will include a Release of Liability & Assumption of Risk Agreement, as well as attend an orientation meeting.

Signature: _____ Date: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Date Received:	Submitted at: TC CRC Sr. Center	Priority Ranking:
Received By (name):	Verified Documents: Yes No	